

Montgomery Cares Advisory Board

April 25, 2018 Meeting Notes

MCAB Members Present: Stephen Gammarino, Dr. Travis Gayles, Sharron Holquin, Lynda Honberg, Peter Lowet, Mayur Mody, Agnes Saenz,

MCAB Members Absent: Sean Bailey, Betsy Ballard, Julia Doherty, Sybil Greenhut, Jane Hooker, Wilbur Malloy, Marie Mann, T.J. Senker, Langston Smith

DHHS Staff: Magda Brown, Tara Clemons, LaSonya Kelly, Robert Morrow, Paola Fernan-Zegarra

Primary Care Coalition: Deepa Achutuni, Elizabeth Arend, Hillery Tumba

Guest: Diana Saladani *on behalf of T.J. Senker*, Wayne Swann

The Chair, Stephen Gammarino called the meeting to order at 6:17pm

Item		Action Follow-up	Person Assigned	Due Date
1.	Approval of Minutes – February 28 and March 28, 2018 February and March minutes approval moved to May 23, 2018 meeting due to lack of quorum.	Steve Gammarino	Approve February and March minutes at May mtg	MCAB Members 05/23/18
2.	Chair Report Steve stated the primary agenda items are where we are with advocacy and the quarterly Montgomery Cares report. There have been multiple discussions and fine-tuning of the FY19 advocacy process given the County’s budget situation. A ranked priority list was requested by the Council members. PCC, HCLC and MCAB are currently working together to finalize the list.	Steve Gammarino		
3.	Health Care for the Uninsured Report See Report and handout Tara noted that the County Council’s HHS committee met on April 20 th to discuss the FY19 Public Health Services budget. The committee members accepted the Council staff recommendations. Additionally, the committee suggested incremental increases to the Health Care for the Uninsured program as separate items to be added to the reconciliation list.	Tara Clemons		

<p><u>Monthly Status Report</u> (see handout) Tara reviewed the data for the Health Care for the Uninsured programs:</p> <ul style="list-style-type: none"> ▪ Montgomery Cares has served 21,735 patients through March, with a total of 52,784 patient visits at the ten participating clinics. We are still seeing an upward utilization trend related to the current budget for encounters. Montgomery Cares Behavioral Health Program (MCBHP) From July 1st – Mar 31st MCBHP staff provided 6,863 clinical behavioral health services to a total of 1,410 unique patients at the nine clinic sites where MCBHP staff are located. MCBHP changed documentation protocols in January. Instead of clinical behavioral health services, MCBHP will report numbers of traditional mental health services delivered, and minutes spend on CPT codes for Collaborative Care Services. ▪ Care for Kids Program has enrolled 824 new children from July through March 2018. The number of new enrollees is 42% lower than this time last year. There is a projected need of \$10,000 in additional funding for specialty dental and medications. ▪ Maternity Partnership Program enrollment through March was 1,176 women, a 12% decline in enrollment compared with the same time last fiscal year. The program is projected to serve 1,600 – 1,630 women at FY18 end. ▪ Dental Services Dental Services decreased the number of uninsured residents served by 4.7% year to date compared with FY17 (from 5,110 to 4,869). The current average waiting time to see a dental provider is 10 weeks ▪ Homeless Health program has served 86 uninsured patients and had a total of 190 patient visits Year to Date. <p><u>Discussion</u></p> <ul style="list-style-type: none"> ▪ Members noted it would be beneficial to have the new Behavioral Health Collaborative Care reporting be presented at a future meeting. ▪ Lynda stated the need to have better data on the reporting for CFK. Tara explained that the data is available, but it is more complex due to Kaiser and School Based Health Centers(SBHC) taking care of a cohort of children in CFK. SBHC data on visits, number of enrollees etc. is available but Kaiser doesn't not readily share the data. ▪ Agnes asked about the backlog of clients for CFK given the vacant client services specialist position. Tara replied that a list is kept and it is worked down based on urgency and the date it was received. ▪ Dr. Gayles mentioned that the Department has applied for a grant that will help with locating women who are at risk and figuring out which program (whether County or private) would better meet their needs. ▪ Lynda stated that she would like to have a discussion to explore alternative ways to obtain funding for immunizations. Dr. Gayles agreed and stresses the importance of applying for additional funding from other sources to address the needs. ▪ Steve requested an update of the dental program as he is troubled with the numbers since the service numbers have decreased after funding has increased. He would also like to know how patient demand will 	<p>Behavioral Health Collaborative Care presentation</p> <p>Dental program will present</p>	<p>DHHS/P CC</p> <p>DHHS Staff</p>	<p>TBD</p> <p>May '18</p>
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	<p>be addressed. Paola mentioned that the additional funding the program received was only for a new position. She also mentioned that the number of “no-shows” has increased and it appears that there is a direct correlation to the political climate.</p>			
4.	<p>FY19 Advocacy Update</p> <p>Steve mentioned the FY19 Health Care for the Uninsured budget recommendations will be voted on during County Council Session.</p> <p>Steve Gammarino</p> <p><u>Discussion</u></p> <ul style="list-style-type: none"> ▪ Peter questioned if the items that were not on the reconciliation list should be dropped from further advocacy attempts in the future. He also proposed that MCAB provide some follow up to the HHS Committee session like a support letter. Steve replied that he would generate a letter to send to the County Council. ▪ Members discussed the HHS Committee decision to not support the partial restoration of funds for MPP. Peter shared that he hopes DHHS will consider working with the clinics in trying to link pregnant women to services. There was expressed concern about the lack of direct medical services for pregnant women not care coordination. Dr. Gayles share that DHHS is working to build momentum in the perinatal programs and be able to attract private providers. DHHS recently applied for a grant with the state to help improve maternal outcomes in Montgomery County. ▪ Steve shared his concerns about the downward trend in Dental of clients served. The Dental program has been given significant funding over the past two years. Members would like to understand what is the need and the status of the program. Paola shared that funding for direct dental care was flat in FY18. The number of no-shows has increased which staff believes is based on the political climate. The Dental program will present at the next meeting to provide updates. 	<p>Draft letter to send to Council</p> <p>Dental program will present</p>	<p>Chair of MCAB</p> <p>DHHS Staff</p>	<p>ASAP</p> <p>May/June mtg</p>
5.	<p>Montgomery Cares 3rd Quarter Report (See handout)</p> <p>Deepa Achutuni</p> <ul style="list-style-type: none"> ▪ Clinics have reached 78% of the FY2018 budgeted number of encounters and 90% of budgeted unduplicated patients. Most of the clinics are within 10% of the benchmark ▪ PCC is projecting about 71,000 encounters, 3,000 encounters more than the budgeted amount for the year. DHHS has allowed PCC to utilize funds reserved for the savings plan to cover the excess encounters. Additionally, PCC identified another \$100,000 in the Montgomery Cares budget to shift to direct services. A portion of this savings was shifted from diabetic supplies which is routinely used to purchase excess supplies to start the new fiscal year. The purchase of diabetic supplies will be shifted to early July utilizing the FY19 budget. <p><u>Discussion</u></p> <ul style="list-style-type: none"> ▪ Agnes questioned if an individual Quality Measures report could be provided for each clinic including the race and ethnicity data. Deepa replied that Barbara Eldridge will send them to each clinic. 			

	<ul style="list-style-type: none"> ▪ Lynda questioned what would be our options for encounter coverage should we get a big influx outside of what is budgeted? Deepa replied that multiple approaches were discussed. Dr. Gayles agreed that DHHS and PCC had different alternatives planned based on previous utilization trends and shifting funds. ▪ Peter noted that reprogramming dollars from other areas is not costless (such as diabetic supplies). Peter suggested that the letter Steve drafts include the Council/DHHS language about not turning away clients. 	Include note about clients in letter	Chair of MCAB	ASAP
6.	<p>May Agenda & Next Steps</p> <p style="text-align: right;">Steve Gammarino</p> <ul style="list-style-type: none"> ▪ Steve mentioned that additional follow up is needed regarding the quality and disparity issue that was raised by Dr. Gayles. ▪ Lynda wanted to know if a future meeting could be held at Proyecto's new location. Tara stated that she had already reached out to them for a July Meeting. 			
7.	<p>Meeting Adjourned at 8:00pm</p> <p><i>Motion to adjourn: Agnes Saenz</i> <i>Seconded: Lynda Honberg</i> <i>Unanimously approved</i></p>			

Respectfully submitted,



Tara Clemons
Montgomery Cares Advisory Board